




**UNITED STATES
NUCLEAR REGULATORY COMMISSION**

REGION III
2443 WARRENVILLE ROAD, SUITE 210
LISLE, ILLINOIS 60532-4352

December 8, 2011

MEMORANDUM TO: File
Spectrum Health Hospitals
License No. SNM-1432
Docket #:070-01486

FROM: Tamara E. Bloomer, Chief 
Materials Inspection Branch
Division of Nuclear Materials Safety

SUBJECT: TELEPHONE CONTACT QUESTIONNAIRE

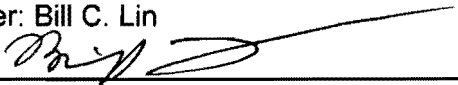
Enclosed is the completed questionnaire by Bill Lin as per the program objectives and procedures.

Enclosure:
As stated

Contact: Tamara E. Bloomer, DNMS
630-829-9627

Exhibit 1 – Telephone Contact Questionnaire

Instructions: Complete this questionnaire as per the program objectives and procedures for Enclosure 2.

Name and title of Interviewer: Bill C. Lin Signature of Interviewer 	
Date of this Interview: 11/10/2011 Date of Previous Interview: 06/27/2002	
QUESTIONS	ANSWERS
Licensee Name, Address, and URL	Spectrum Health Hospitals
Licensee's Point of Contact (Name, Address, Phone and FAX Numbers, and URL)	Joseph W. Kettner (T) 616-486-5752 100 Michigan N.E. Grand Rapids, MI 49503
License Number Docket Number	SNM-1432 070-01486
1. Name and Title of person responsible for radiation safety program:	Joseph W. Kettner Radiation Safety Officer
2. Describe how you prevent: (a) use by unauthorized personnel and (b) loss or theft.	N/A. The licensee is authorized for patient follow up, explants, recover, and dispose of Plutonium (Pu) powered pacemakers. The licensee contacts each patient on an annual basis. To date, the hospital is following two patients.
3. Describe how you maintain shielding, restrict access, and control contamination from unsealed material to prevent individuals from becoming exposed to radiation.	N/A.
4. Describe how you determine radiation doses to workers and members of the public from licensed activities. What was the maximum dose received since the last NRC telephone contact or inspection?	N/A
5. Describe radiation area surveys around licensed activities. What survey instrument (SI) was used? SI's last calibration date? What were the typical radiation levels and at what distance?	No radiation area surveys are performed. Pu powered pacemakers were implanted in the patients.

QUESTIONS	ANSWERS
6. Describe leak testing of the sealed source(s). How often and who analyzed the leak test samples? What were the most recent results?	N/A
7. Describe physical inventory of all byproduct material and NMMSS-reportable materials in your possession. When was the last inventory completed? Were all the sources located?	N/A
8. Describe your provisions for repair and maintenance of your device or source holder.	None, all Pu pacemaker units were immediately shipped to a NRC approved disposal facility, once it was explanted from the patients.
9. Describe any unusual events involving the byproduct material or the device(s) in which it is used (i.e., fire, explosion, natural disaster.)	No unusual events.

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DOCUMENT NAME: G:\DNMS\Work in progress\Memo to file Spectrum.docx

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